

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-035**

The information requested on Form 26-035, Part I and Part II, is to be reported on a **policy year** basis. Record the requested data for each of the years listed for each of the classifications of medical malpractice insurance. The information to be reported is for policies covering insureds located in Wisconsin.

There is one copy of Form 26-035, Part I for policy years 1991 through 1995, and one copy of Form 26-035, Part II for policy years 1996 through 2000. It is your responsibility to make copies of these forms for each of the 12 classifications given in the chart below. These are based on ISO classifications. You will be required to fill in the classification number for the class being filed. File only those forms for the classifications in which you have written coverage. If you meet or exceed either the \$300,000 threshold for the entire line of medical malpractice insurance or the \$50,000 threshold for individual classifications, a form must be filed for all classifications in which premiums are written whether or not the thresholds are met for all classifications. Classifications in which no premiums are written need not be reported to our office.

RATING CLASSIFICATION TABLE

Classification	Definition
1.	Physicians - No Surgery
2.	Physicians - Minor Surgery
3.	Physicians - Limited Major Surgery, Ophthalmology, Proctology, Cardiology, Urologist
4.	Emergency Room Physicians - Minor Surgery
5.	Cardiac Surgeons, General Surgeons, Anesthesiologists, Otolaryngologists, Plastic Surgeons, Emergency Room Physicians - Major Surgery
6.	Orthopedists, Thoracic Surgeons, Vascular Surgeons
7.	Obstetricians - Gynecologists
8.	Osteopaths Who Only Perform Osteopathic Manipulation
9.	Neurosurgeons
10.	Hospitals
11.	Other Health Care Professionals - Dentists, Chiropractors, Podiatrists, Pharmacists, etc.
12.	Other Health Care Facilities - Nursing Homes, Sanitariums, etc.

Affiliated insurers may report information on a pooled or an individual insurer basis. If any member of a pool exceeds the \$300,000 total premium threshold or the \$50,000 premium threshold for a classification, all of the experience of members of the pool must be reported when pooled reporting is used.

If medical malpractice insurance coverage is part of a package that includes premises and operations insurance or any other insurance, only information relating to the medical malpractice insurance portion of the coverage shall be included in this report—s. 601.427 (3), Wis. Stat.

Please round all dollar amounts to the nearest whole dollar.

**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-035
(Continued)**

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

- Line 1* For policy year 2000, enter the number of medical malpractice insurance policies written for the specified classification.
- Line 2* For policy year 2000, enter the total dollar amount of premiums **written** on medical malpractice insurance coverage for the specified classification.
- Line 3 Enter the number of open medical malpractice insurance claims as of December 31, 2001, for the specified policy year and classification.
- Line 4 Enter the amount of direct case reserves established for open claims as of December 31, 2001, for the specified policy year and classification.
- Line 5* Enter the total dollar amount of claims paid during the calendar year 2001 for the specified policy year and classification.
- Line 6* Enter the total number of claims reported during the calendar year 2001 for the specified policy year and classification.
- Line 7* Enter the total number of claims closed without payment during the calendar year 2001 for the specified policy year and classification.
- Line 8* Enter the total number of claims closed with payment during the calendar year 2001 for the specified policy year and classification.
- Line 9* Enter the total number of legal actions filed during the calendar year 2001 for the specified policy year and classification.
- Line 10* Enter the total number of verdicts or judgments for defendants during the calendar year 2001 for the specified policy year and classification.
- Line 11* Enter the total number of verdicts or judgments for plaintiffs during the calendar year 2001 for the specified policy year and classification.
- Line 12* Enter the total amount awarded plaintiffs during the calendar year 2001 for the specified policy year and classification.

**Contact
Person**

Print the name and phone number of the person responsible for this filing.

* For policy year 2000, include transactions for calendar years 2000 and 2001 combined.

**MEDICAL MALPRACTICE INSURANCE REPORT
PART I**

Ref: Section 601.427, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

Company Name	Rating Classification
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**2001 CALENDAR YEAR DATA BROKEN OUT BY POLICY YEAR
FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN**

POLICY YEAR	1991	1992	1993	1994	1995
1. Number of policies written	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
2. Total dollar amount of direct premiums written	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
3. Number of open claims					
4. Direct case reserves for open claims					
5. The amount paid in medical malpractice liability claims					
6. The number of claims reported					
7. The number of claims closed without payment					
8. The number of claims closed with payment					
9. The number of legal actions filed					
10. Number of verdicts or judgments for defendants					
11. Number of verdicts or judgments for plaintiffs					
12. Amount awarded to plaintiffs					

Prepared By (Please Print)	Phone Number ()
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**MEDICAL MALPRACTICE INSURANCE REPORT
PART II**



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Ref: Section 601.427, Wis. Stat.

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

Company Name	Rating Classification
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**2001 CALENDAR YEAR DATA BROKEN OUT BY POLICY YEAR
FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN**

POLICY YEAR	1996	1997	1998	1999	2000*
1. Number of policies written	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
2. Total dollar amount of direct premiums written	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	
3. Number of open claims					
4. Direct case reserves for open claims					
5. The amount paid in medical malpractice liability claims					
6. The number of claims reported					
7. The number of claims closed without payment					
8. The number of claims closed with payment					
9. The number of legal actions filed					
10. Number of verdicts or judgments for defendants					
11. Number of verdicts or judgments for plaintiffs					
12. Amount awarded to plaintiffs					

* For policy year 2000, include transactions for calendar years 2000 and 2001 combined.

Prepared By (Please Print)	Phone Number ()
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**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-036**

All information requested on Form 26-036 is to be reported on a **calendar** year basis. The information to be reported is the total for all classifications of medical malpractice insurance policies covering insureds located in Wisconsin.

Affiliated insurers may report information on a pooled or an individual insurer basis. If any member of a pool exceeds the \$300,000 total premium threshold or the \$50,000 premium threshold for a classification, all of the experience of members of the pool must be reported when pooled reporting is used.

OTHER INSURANCE EXCLUDED—If medical malpractice insurance coverage is part of a package that includes premises and operations insurance or any other insurance, only information relating to the medical malpractice insurance portion of the coverage shall be included in this report—s. 601.427 (3), Wis. Stat.

Please round all dollar amounts to the nearest whole dollar.

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

- Line 1 Enter the amount of net investment gain or loss and all other income gain or loss for calendar year 1999 allocated to medical malpractice insurance in **Wisconsin**, computed by the formula used in the annual Insurance Expense Exhibit for allocation among lines of business.
- Line 2 Enter the amount of incurred loss adjustment expense for calendar year 2001 attributable to medical malpractice insurance in **Wisconsin**.
- Line 3 Enter the amount spent on all expenses for calendar year 2001 directly attributable to medical malpractice insurance in **Wisconsin** except for the loss itself and the loss adjustment expense. If this data is not kept on an individual line basis, use the following formula or a similar formula to allocate expenses to medical malpractice insurance:

$$\frac{\text{Total medical malpractice premiums written}}{\text{Total company premiums written}} \times \frac{\text{All expenses except loss adjustment expense}}{\text{Total company expenses}}$$

The above formula works as follows: take the total amount of premiums written on medical malpractice insurance policies and divide this by the total amount of premiums written for the entire company for all lines. Multiply this number times the total amount spent on all expenses except loss adjustment expense.

**Contact
Person**

Print the name and phone number of the person responsible for this filing.

**MEDICAL MALPRACTICE
INSURANCE REPORT**

Ref: Section 601.427, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

COMPANY NAME: _____

CALENDAR YEAR BASIS FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN

	2001
1. Investment gain or loss allocated to medical malpractice	
2. Incurred loss adjustment expense attributable to medical malpractice	
3. All other incurred expenses attributable to medical malpractice	

Prepared By (Please Print)	Phone Number ()
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**INSTRUCTIONS FOR
MEDICAL MALPRACTICE INSURANCE REPORT
FORM 26-037**

All **information** requested on Form 28-037 is to be reported on a **policy year** basis for the policy years indicated. The information to be reported is for all classifications of medical malpractice insurance policies covering insureds located in Wisconsin.

Please round all dollar amounts to the nearest whole dollar.

All information entered on these forms should pertain only to medical malpractice insurance unless otherwise noted.

Enter the total dollar amount of medical malpractice insurance reserves established as of December 31, 2001, for all incurred but not yet reported claims for the specified policy year.

Contact

Person Print the name and phone number of the person responsible for this filing.

**MEDICAL MALPRACTICE
INSURANCE REPORT**

Ref: Section 601.427, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

TO FILL OUT FORM, SEE ATTACHED INSTRUCTIONS.

COMPANY NAME: _____

**POLICY YEAR BASIS FOR POLICIES COVERING INSURED LOCATED IN WISCONSIN
AS OF DECEMBER 31, 2001**

POLICY YEAR	Reserves Established for Incurred But Not Reported Claims
1991	
1992	
1993	
1994	
1995	
1996	
1997	
1998	
1999	
2000	

Prepared By (Please Print)	Phone Number ()
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